

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Pinal
Town of Rice
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 97
County Registrar No. 163
Local Registrar No. 14

2. Full name of child Otilia Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth yes
6. Legitimate? _____
7. Date of birth 2 1 25
Month day year

8. FATHER
Full name Frank Ward

9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state

10. Color or race Indian
11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Rice
(State or country) Ariz

13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name Sadie Thon

15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state

16. Color or race Indian
17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Rice
(State or country) Ariz

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at (?) m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature C. H. Sawyer M.D.
(Physician or midwife)
Address Sane Carlos Ariz

Given name added from supplemental report _____
Month, day, year. Filed 3/9, 1925
Local Registrar.

Registrar.

Filed 3/9, 1925 L. E. Wright
County Registrar.

664-201-235